Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		SUPPLEMENT 2 TO ATTACHMENT 2.6 Page 1 OMB No.: 0938-	- A
	STATE PLAN	UNDER TITLE	XIX OF T	THE SOCIAL SECURITY ACT	
	State:	RHODE	ISLAND		
		RES	OURCE LEV	VELS	
A. CATEG	ORICALLY NEED	Y GROUPS WIT	H INCOME	S RELATED TO FEDERAL POVERTY I	EVEL
1. Pre	gnant Women				
a.	Mandatory Gr	oups			
		SSI resourc	es level	S.	
1902(a)(10)(A)(i)(IV		urce level l			ows:
	1	-	-0-		
		_	-0-	<u></u>	
b.	Optional Gro	ups			
	<u> </u>	SSI resource	es level	.5.	
	// Less re	strictive th	nan SSI r	esource levels and is as follo	ows:
	Family Siz	<u>e</u> <u>F</u>	Resource	Level	
	1	-			
		-		-	

TN No. 92-02 Supersedes	Approval Dat	DEC 9	1992	Effective	Date	7,/1/92
TN No. 87-10	,					
				HCFA ID:	7985E	

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ____ RHODE ISLAND 2. Infants a. Mandatory Group of Infants Same as resource levels in the State's approved AFDC plan. /X / Less restrictive than the AFDC levels and are as follows: No resource level 1902(1)(3). Family Size Resource Lev Resource Level -0-_1_ 1902(a)(10)(A)(i)(IV) __2__ -0-__3__ -0--0-_4_ -0-5__ __6__ -0--0-7___ -0-__8__

__9__

10

Supersedes Approval Date Effective Date TN No. 87-10	TN No. 92-02		350	7
TN No. 87-10	•	Approval Date		Effective Date
HCFA ID: 7985E	TN No. 87-10	,		

-0-

-0-

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: RHODE ISLAND b. Optional Group of Infants Same as resource levels in the State's approved AFDC plan. Less restrictive than the AFDC levels and are as follows: No resource level.
Family Size Resource Level __1__ __3__ _4_ __5__ __6__

10

TN No. 92-02	Approval Date	1992	Effective	Date 7/1/92
Supersedes TN No. 90-07	White are		DITECTIVE	
IN NO			HCFA ID:	79 85E

AUGUST 1991

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 4 OMB No.: 0938-

ST	ATE PLAN UNDER TIT	LE XIX OF THE SOCIAL SE	CURITY ACT
State	RH	ODE ISLAND	
3. Children	1		
a. <u>Manda</u>	tory Group of Chil	dren	
	Same as resource	levels in the State's	approved AFDC plan.
<u>∠x</u> / <u>F</u> a	Less restrictive No resource level	than the AFDC levels a Resource Level	nd are as follows:
	_1	-0-	
1902(a)(10)(A)(i)(VI)		<u> </u>	
and 1902 (a)(10)(A)(i)(VII)	4	-0-	
1902 (d)(10)(R)(1)(VII)	5		
	6	-0-	
		-0-	
	8	<u>-0-</u>	
	9	-0-	
	_10		

TN No. 92-02 Supersedes TN No. NEW	Approval	Date	DEC 9	1992	Effective	Date 7/1/92	
IN NO. NEW					HCER ID.	7095F	

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHM Page 5 OMB No.: 0938-	ENT 2.6-A
	STATE PLAN	UNDER TITLE X	IX OF THE SOCIAL SECURITY ACT	
	State:	RHODE ISLA	ND	
b.	Optional Group	of Children		
	/ Same as	resource leve	els in the State's approved AF	DC plan.
	_	irce level.	n the AFDC levels and are as f	ollows:
	,	<u> </u>	Journal Devel	*
	2			
	3			
	4			
	5			
	6			
	7			

TN No. 92-02 Supersedes	Approval Date	DEC 9 992	Effective	Date 7/1/92
TN No. NEW			HCFA ID:	7985E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHM Page 6 OMB No.: 0938-	ENT 2.6-A
	STATE PLAN UND	ER TITLE XIX OF	THE SOCIAL SECURITY ACT	
;	State:	RHODE ISLAND	· · · · · · · · · · · · · · · · · · ·	
4. Age	d and Disabled I	ndividuals		
	Same as SSI re	esource levels.		
<u>/_/</u>	More restrict:	ive than SSI le	vels and are as follows:	
	Family Size	Resource	<u>Level</u>	
	1			
				
	3			
	<u> </u>			
				
	5			
_7		ally needy reso Ly needy progra	urce levels (àpplicable d m)	only if State
Supersedes	2-02 Approval	Date DEC S) 1992 Effective Date 7	/1/92

HCFA ID: 7985E

Revision	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 7 OMB No.: 0938-
	STATE PLAN UN	DER TITLE XI	K OF THE SOCIAL SECURITY ACT
	State:	RHODE ISLA	AND
		RESOURCE LEV	ELS (Continued)
B. MEDIC	ALLY NEEDY		
Appli	cable to all gro	ups -	
	Except those sp of the Act.	ecified below	under the provisions of section 1902(f)
	Family Size	Resc	purce Level
	1	40	000
		60	000
	3	6	100
	4	6:	200
	5	6	300
	6	6	400
		6	500
	8	6	600
	9	6	700
	10	6	800
For	each additional p	erson	100
LI	FE INSURANCE		
			18 (Aged, Blind, and Disabled).
	4000 each pare 1500 each depe		in a family case.
	_		
TN No.	92-02 Bs Approva	1 Date	Effective Date 7/1/92
	NEW APPIOUR		HCFA ID: 7985E